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| Date: November 8, 2004 | Client & Matter Number: 022395-440522US | No. Pages (including this one): 5 |
| To: Examiner - Group Art 2681 USPTO | At Fax Number: (703) 872-9306 | Confirmation Phone Number: _____ |
| From: Robert L. Jackson | (5129) | |

Message: Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 09/886,942 filed 09-22-04.

60349981 v1

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Please stamp the date of receipt of the following document(s) and return
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RE: Hose

TITLE OF DOCUMENT(S):

Transmittal Form

Revocation and New POA & Change of Correspondence Address
Statement Under 37 CFR 3.73(b)

Application No 09/886,942

File No 022395-440522US

Date due

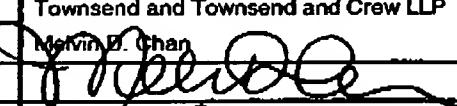
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PTO/SB/21 (04-04)

| | | |
|--|--|---|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number 10/886,942 |
| | | Filing Date July 7, 2004 |
| | | First Named Inventor Hose, David A. |
| | | Art Unit 2681 |
| | | Examiner Name Unassigned |
| Total Number of Pages in This Submission 1 | | Attorney Docket Number 022395-440522US |

| | | |
|--|--|---|
| ENCLOSURES (Check all that apply) | | |
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Return Postcard <input type="checkbox"/> PTO Form SB/82 <input type="checkbox"/> PTO Form SB/96 |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. | | |

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|--|------------------------------------|--|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name Marvin B. Chan | Townsend and Townsend and Crew LLP | |
| Signature  | Reg. No. 39,626 | |
| Date 9-17-2004 | | |

| | | | |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
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60310275 v1

**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 10/886,942 |
| Filing Date | July 7, 2004 |
| First Named Inventor | Hose |
| Art Unit | 2681 |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 022395-440522US |

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: **46670**

Please change the correspondence address for the above-identified application to:

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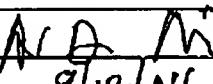
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I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|----------------|
| Name | Alan D. Minsk | | |
| Signature |  | | |
| Date | 9/12/04 | Telephone | (650) 480-4211 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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